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| 04/23/2014 | 201411201397 | TRADE NAME/ORIGINAL FILING (RNO) | 50.00  | .00   | .00     | .00  | .00  |

**Receipt**

This is not a bill. Please do not remit payment.

COMMUNITY ARTS PROJECT INC.  
867 MT. VERNON AVE  
COLUMBUS, OH 43203

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****2288903**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**THE KING ARTS COMPLEX**

and, that said business records show the filing and recording of:

Document(s)  
**TRADE NAME/ORIGINAL FILING**

Document No(s):  
**201411201397**

**Effective Date: 04/21/2014**

Date of First Use: 08/11/1985  
Expiration Date: 04/22/2019

THE COMMUNITY ARTS PROJECT, INC.  
867 MT. VERNON AVE.  
COLUMBUS, OH 43203



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 23rd day of April, A.D. 2014.

Ohio Secretary of State



Form 534A Prescribed by:

**JON HUSTED**  
**Ohio Secretary of State**

 Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Mail this form to one of the following:

 Regular Filing (non expedite)  
 P.O. Box 670  
 Columbus, OH 43216

 Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1390  
 Columbus, OH 43216

## Name Registration

### Filing Fee: \$50

CHECK ONLY ONE (1) Box

☒ Trade Name  
 (167-RNO)

 Date of first use: 8/11/1985  
 MM/DD/YYYY

☐ Fictitious Name  
 (169-NFO)

CLIENT SERVICE CENTER

2014 APR 21 PM 12:40

RECEIVED

The King Arts Complex  
 Name being Registered or Reported

The Community Arts Project, Inc.  
 Name of the Registrant

**Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.**

 Registrant's Entity Number (if registered with Ohio Secretary of State): 397287

### All registrants must complete the information in this section

The general nature of business conducted by the registrant:

arts institute

Business address:

867 Mt. Vernon Ave

Mailing Address

Columbus

City

Oh

State

43203

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address







NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Application must be signed by the registrant or an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.